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NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
~~REOPENING~~

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico

February 23, 1961

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

El Paso Natural Gas Company

Turner

Well No. 1 (PM)

NE

NE

(Company or Operator)

(Lease)

A

Sec 28

T 30-N

R 9-W

NMPM

Blanco Pictured Cliffs

Pool

Unit Letter

San Juan

County Date Spudded 10-26-50

Date Drilling Completed 1-3-61

Elevation 5885

Total Depth 4960

C.O. 4913

Please indicate location:

D	C	B	A
			X
E	F	G	H
L	K	J	I
M	N	O	P

990 N, 990 E

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Gas
10 3/4"	230	200
7"	4725	200
5 1/2"	334	300
5 1/2"	4601	350
2 1/16"	4848	
1 1/4"	2544	

Baker Model "D"

Top Oil/Gas Pay 2580' (Perf)

Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2580-2590; 2600-2610

Open Hole None

Depth Casing Shoe 4945

Depth Tubing 2544

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____ Choke

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: 8868 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Calculated A.O.F.

Acid or Fracture Treatment (Give amount of materials used, such as acid, water, oil, and sand): 36,500 gal water & 40,000 # sand

Casing 1023 Tubing 1024 Date first new oil run to tanks

Oil Transporter El Paso Natural Gas Products Company

Gas Transporter El Paso Natural Gas company

Gas Transporter packer set at 4007

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

El Paso Natural Gas Company

Approved: _____, 19_____

(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

By: _____
(Signature)

Petroleum Engineer

Title: _____
Send Communications regarding well to:

E. S. Oberly

Title Supervisor Dist. # 3

Name: _____

P. O. Box 990, Farmington, New Mexico

STATE OF NEW YORK		ENCL
OIL CONSERVATION COMMISSION		
ALBANY DISTRICT OFFICE		
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